

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-006294

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1217

STATE FILE NUMBER

FILED MAR 15 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VETERANS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

INDEPENDENCE

d. STREET
ADDRESS

619 MORRIS Lake Dr.

3. NAME OF DECEASED
(Type or print)

First

OLIVER

Middle

(NONE)

Last

AULT

4. DATE
OF
DEATH

Month

Day

Year

February 23, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

7-13-93

9. AGE (last birthday)

69 yrs

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY

BUILDING MAINTENANCE

11. BIRTHPLACE (City and state or country)

NELSON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

EZRETH T. AULT

13b. MOTHER'S MAIDEN NAME

LUIZA HAYES

14. NAME OF HUSBAND OR WIFE

ETHEL M. AULT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

YES

WWI

16. SOCIAL SECURITY NO.

ETHEL M. AULT (WIFE)

VA HOSPITAL OFFICIAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LOBAR PNEUMONIA, BILATERAL

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Atherosclerosis, generalized, severe.

PART III. If deceased was female was
there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK
NOT WHILE AT WORK20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from January 29, 1963, to February 23, 1963, at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title) R.H. Owings

22b. ADDRESS

M. D. VA HOSPITAL, KANSAS CITY, MO

22c. DATE SIGNED

2-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2-26-63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or country)

Ft. Leavenworth Kansas

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson and Sons Independence Mo.

25. DATE RECD. BY LOCAL REG.

2-25-63

26. REGISTRAR'S SIGNATURE

Ruth H. Kong

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. Owings

R.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank B. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.